Eligibility-Based Days of Care

Topic: FM04a: Reimbursement

Report ID: FM04a05

Report Content: This report summarizes the eligibility-based days of care for foster homes, group homes, Residential Care Centers (RCC), relative care, court-ordered kinship care, other institutions (which include detention, hospital, and corrections), other out of home placements (which include runaway, trial home visits, child resides with family, and unknown), no placement exists and adoption. Under each of these categories the report displays the break down of the days of care into (1) Title IV-E Eligible and Reimbursable Children, (2) Title IV-E Eligible and Not Reimbursable Children (3) Title IV-E Ineligible Children, (4) Title IV-E Eligible and Receiving SSI Children and (5) Title IV-E Pending Children. When the report is run for 'All Counties', it lists the totals (Statewide and 'Non-Milwaukee Counties') followed by the details for each of the counties. When the report is run for a specific county, only the county's details appear on the report.

Dependencies: b-fm04a11-calculate-days-of-care batch program ran successfully.

Frequency: Monthly

Runtime Parameters: County, From Date, To Date.

Selection Criteria: Refer to individual fields below for details.

Sort Criteria: County Name.

Page Break: by County Name

Audience: DHFS fiscal staff.

Business Intent: To allow the financial staff to review the days of care information for children receiving services. The days of care numbers are used for the claiming of administrative costs.

1	10	20	30	40	50 ++	60	70 +	80 +	90	100	110	120	130
	MM/DD/0							alth and F en and Fam					Report ID: FM Page: 9,999
					For			Based Day en MM/DD/C			YY		
Count	y Name												
1. <u>Fo</u>	ster Ho	me											
	1.a.	Title IV	-E Eligib	le and I	Reimbursa	able Days	of Care		9,999	,999			
	1.b.	Title IV	-E Eligib	le and 1	Not Reimb	oursable 1	Days of (Care9,999	,999				
	1.c.	Title IV	-E Inelig	ible Day	ys of Car	re			9,999	,999			
	1.d.	Title IV	-E SSI Da	ys of Ca	are				9,999	,999			
	1.e.	i. Exp	Days of Coected Elipected Ine	gible Da						,999 ,999 (99 ,999 (99			
2. <u>Gr</u>	oup Hom	e_											
			-E Eligib			-			9,999	,999			
							Days of (Care 9,999					
			-E Inelig		_	re			9,999				
			-E SSI Da		are				9,999				
	2.e.	i. Exp	Days of C pected Eli pected Ine	gible Da						,999 ,999 (99 ,999 (99			

+	20 +	30	40	50	60	70 +	80	90	100	110	120	130
Date: MM/DI Time: HH:MN							lth and F n and Fam					Report ID: FM04a
				For			Based Day n MM/DD/C			Y		
County Name	e											
3. <u>RCC</u>												
3.6	a. Title IV	/-E Eligib	le and F	Reimbursa	ble Days	of Care		9,999	,999			
3.k	b. Title IV	/-E Eligib	le and N	Not Reimb	oursable	Days of (Care 9,999	,999				
3.0	c. Title IV	/-E Inelig	ible Day	s of Car	re e			9,999	,999			
3.0	d. Title IV	/-E SSI Da	ys of Ca	are				9,999	,999			
3.€		Days of Coected Eli	gible Da						,999 ,999 (99 ,999 (99			
4. Relative	e Care											
4.6	a. Title IV				-			9,999	,999			
4.a	a. Title IV	/-E Eligib	le and N	Not Reimb	oursable			,999				
4.a 4.k 4.c	a. Title IV b. Title IV c. Title IV	/-E Eligib /-E Inelig	le and N	Not Reimb	oursable			,				
4.a 4.k 4.c	a. Title IV	/-E Eligib /-E Inelig	le and N	Not Reimb	oursable			,999	,999			
4.a 4.k 4.c	a. Title IV b. Title IV c. Title IV d. Title IV e. Pending i. Exp	7-E Eligib 7-E Inelig 7-E SSI Da	le and M ible Day ys of Ca are gible Da	Not Reimb rs of Car are ays of Ca	oursable re			9,999 9,999 9,999 9,999	,999 ,999			

1	10	20	30	40	50 +	60 ++-	70	80	90	100	110	120	130
	: MM/DD : HH:MM							alth and E en and Fam					Report ID: FM04 Page: 9,999
					For t			sased Days		M/DD/CCY	Y		
Coun	ty Name												
5. C	ourt-Or	dered Kin	ship Care										
	5.a	. Title I	V-E Eligik	ole and 1	Reimbursa	able Days	of Care		9,999	,999			
	5.b	. Title I	V-E Eligik	ole and 1	Not Reimk	oursable	Days of (Care 9,999	,999				
	5.c	. Title I	V-E Inelig	ible Da	ys of Car	re			9,999	,999			
	5.d	. Title I	V-E SSI Da	ys of Ca	are				9,999	,999			
	5.e	i. Exp	Days of C pected Eli pected Ine	gible Da						,999 ,999 (99 ,999 (99			
6. <u>o</u>	ther In	stitution											
	6.a	. Title I	V-E Eligik	ole and 1	Reimbursa	able Days	of Care		9,999	,999			
	6.b	. Title I	V-E Eligik	ole and 1	Not Reimk	oursable	Days of (Care 9,999	,999				
	6.c	. Title I	V-E Inelig	rible Da	ys of Car	ce			9,999	,999			
	6.d	. Title I	V-E SSI Da	ys of Ca	are				9,999	,999			
	6.e	i. Exp	Days of Opected Elipected Ine	gible Da						,999 ,999 (99 ,999 (99			

+	20 +		40	50 +	60 ++	70	80 +	90	100	110	120	130	
Date: MM/DI Time: HH:MM							alth and Famen and Fam					Report ID: F Page: 9,999	M
				For t	_	_	sased Days		M/DD/CCYY				
County Name	2												
7. Other 00	OH Place	ement											
		e IV-E Elig	gible and 1	Reimbursa	able Days	of Care		9,999	,999				
7.h	o. Title	e IV-E Elig	gible and 1	Not Reimb	oursable I	Days of (Care9,999,	999					
7.0	c. Title	e IV-E Ine	ligible Da	ys of Car	re			9,999	,999				
7.d	d. Title	e IV-E SSI	Days of Ca	are				9,999	,999				
7.6	i.	ing Days of Expected 1		ays of Ca	are			9,999	,999 ,999 (99.	99%)			
	ii.	Expected :	Ineligible	Days of	Care				,999 (99.				
8. No Place			Ineligible	Days of	Care								
	ement Ez					of Care			,999 (99.				
8.a	ement Ex	kists e IV-E Elig e IV-E Elig	gible and l	Reimbursa Not Reimk	able Days			9,999	,999 (99.				
8.a	ement Ex	kists e IV-E Elig	gible and l	Reimbursa Not Reimk	able Days			9,999	,999 (99.		_		
8.a 8.k 8.c	ement Exa. Title	kists e IV-E Elig e IV-E Elig	gible and D gible and D Ligible Da	Reimbursa Not Reimk ys of Car	able Days			9,999	,999 (99. ,999				
8.a 8.k 8.c	ement Exa. Title Title Title Title Title Pendi i.	kists e IV-E Elig e IV-E Elig e IV-E Ine:	gible and D gible and D digible Day Days of Ca Care Eligible Day	Reimbursa Not Reimk ys of Car are ays of Ca	able Days oursable I re			9,999 9,999 9,999 9,999 9,999	,999 (99. ,999 ,999	99%)			
8.a 8.k 8.c	ement Exa. Title Title Title Title Title Pendi i.	cists e IV-E Elig e IV-E Ine: e IV-E SSI ing Days of Expected 1	gible and D gible and D digible Day Days of Ca Care Eligible Day	Reimbursa Not Reimk ys of Car are ays of Ca	able Days oursable I re			9,999 9,999 9,999 9,999 9,999	,999 (99. ,999 ,999 ,999 ,999 (99.	99%)			

10 30 40 60 70 80 100 120 110 130 Date: MM/DD/CCYY Wisconsin Dept. of Health and Family Services Report ID: FM04a05 Division of Children and Family Services Time: HH:MM PM Page: 9,999 Eligibility-Based Days of Care For the period between MM/DD/CCYY and MM/DD/CCYY County Name 9. Adoption 9.a. Title IV-E Eligible and Reimbursable Days of Care 9,999,999 9.b. Title IV-E Eliqible and Not Reimbursable Days of Care 9,999,999 9.c. Title IV-E Ineligible Days of Care 9,999,999 9.d. Title IV-E SSI Days of Care 9,999,999 9.e. Pending Days of Care 9,999,999 i. Expected Eligible Days of Care 9,999,999 (99.99%) ii. Expected Ineligible Days of Care 9,999,999 (99.99%)

60

1

10

20

30

40

50

70

80

90

100

110

120

130